April 24, 2006

The Honorable Edward Gaffney Representative, State of Michigan Chairperson, Michigan House Health Policy Committee

Re: House Bill No. 5014 and No. 5015

Dear Representative Gaffney:

I am writing this letter to express my support of House Bills 5014 and 5015 for promoting education and awareness of hepatitis C.

I have been a physician in the state of Michigan for the past 22 years. My entire career has been spent at Michigan State University. I am currently an Associate Professor of Medicine in the Division of Infectious Diseases. I have been treating hepatitis C individuals since 1992, right after the first testing became available. Prior to the availability of pharmaceutical therapies, I was only able to provide support and follow-up. Then, once therapy became available, I began to treat patients with hepatitis C. Currently I have over 500 patients in my practice that are hepatitis C positive. Some of them are also co-infected with HIV.

I believe that hepatitis C in many respects is like HIV in that it can be a silent killer. We are just looking at the tip of the iceberg as far as the number of cases and complications that we are treating. As far as hepatitis C goes, the iceberg is a lot bigger than we have seen with HIV. Currently there are over 4.5 million cases of hepatitis C in the United States. The unfortunate thing is that many people have the disease but are unaware that they have it because, in many cases, it is asymptomatic until the advanced or late stages occur.

Unfortunately, about 80% of those who acquire hepatitis C go on to develop chronic hepatitis. The usual natural history of the disease extends from 20-25 years, from the initial infection to the final stages of cirrhosis, liver failure and hepatocellular carcinoma. It is anticipated that there are approximately 8,000-15,000 deaths per year from chronic hepatitis C. Most of those are either related to liver failure or hepatocellular carcinoma. Currently in the United States, hepatitis C is the number one cause of primary liver cancer. It is currently the number one cause of liver transplantation, at approximately 4700 cases per year. The cost of these transplants is estimated to be about \$300 million.

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Unfortunately, this is just the tip of the iceberg because most people, since they are asymptomatic, don't seek help until the disease is more advanced. Therefore, it is anticipated that the future disease burden as related to hepatitis C in the year 2008 will result in approximately a 500% increase in the need for liver transplantation. There will be approximately a 280-fold increase in decompensated liver disease patients that will require very intense care, including hospitalization. Liver-related deaths will increase 200-fold, and the incidence of primary liver cancer will increase almost 70% of what it currently is. What this means is an extreme burden on the health care system in this country as well as in the State of Michigan.

I feel one way we can try to offset some of the burden is to target persons with hepatitis C, as well as those at risk for hepatitis C, as early as possible through educational means. I feel that by proper education and awareness, we will be able to limit the spread of hepatitis C, which is primarily spread through contaminated needles or through some type of blood transfer, as well as low incidence by sexual transmission. I also feel that patients who may have acquired hepatitis C at some time in their life will be made aware of the risk factors and will subsequently be tested. Fortunately, we now have treatments that, in many cases, can cure the disease. Unlike HIV disease, if hepatitis C is treated successfully and timely, it can be cured. But if patients wait until they are too far advanced, then many times the treatment becomes less effective or they are simply unable to get treatment because of the advanced nature of their disease.

The current treatment options are interferon and ribavirin. Overall, the success rate is greater than 50%. The promising news is that more new treatments are being developed and there are several very promising treatments in the pipeline that may be released within the next few years. The bad news is that, unless we properly identify these individuals and educate them as far as what their disease is and to make sure they have good follow-up, many of them will not be available for the treatments. I very strongly feel that education and awareness is definitely needed with hepatitis C if we are to control this disease.

Therefore, I strongly support the legislation on promoting education and awareness of hepatitis C. I am more than willing to be available whenever necessary to provide support and awareness of this very devastating disease.

Sincerely,

Peter G. Gulick, D.O. Associate Professor of Medicine Infectious Disease and Oncology

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